## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

O9/845, 42-7 Application of Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY										OTHER	THAN	
er egg		(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			27		0			RATE	FEE	3	RATE	FEE
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			27 minus 20=		. 7			X\$ 9=		OR	X\$18=	126
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X40=		OR	X80=	
ΜL	LTIPLE DEPEN	IDENT CLAIM P	RESENT	•				+135=	1.5	OR	+270=	
• #	the difference	in column 1 is	ro, ente	r "O", in c	olumn 2		TOTAL		OR	TOTAL	Ö26	
	C	LAIMS AS A	MENDER	- PAR	T II				5 435.00		OTHER	TUAN '
Ţ.	14. To 14.	(Column i)		(Colu		(Column 3)	) .	SMALL	ENTITY	OR	SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE	***	RATE	ADDI- TIONAL FEE
MON	Total	. 29	Minus :	* 0	27	= L		X\$ 9 =		ÓR	X\$18=	36
AME	Independent	4	Minus	••• (	3	= /_	11	X40=		OR	X 60 EV	86
SF 5	FIHS PRESE	NTATION OF MI	JUTIPLE DEI	ENDEN	CLAIM		J	+135=	10.00	OD.	+270=	
,					•		<u> </u>	TOTAL		OR		700
X	A Land		Against particular	Nation of Alberta	سوكالاستماعة ساد	rado en la companya de la companya della companya della companya de la companya della companya d	17.7.4.2	DDIT. FEE	and the same	OH.	ADDIT FEE	122
		(Column 1).	7	(Colui		(Column 3)	<b>,</b>				-1.	
ENTB		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDIA	Total		Minus	á	79	=		X\$ 9=	***	OR	X\$18=	
I	Independent	•	Minus	***	4	-	1 [	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	ULTIPLE DEF	ENDENT	CLAIM		J ┞					·
		•	•		,	· · · · · · · · · · · · · · · · · · ·	.,` L	+135=		OR	+270=	
	•	· -					· A	TOTAL DDIT. FEE		OR	. TOTAL ADDIT. FEE	,
٠,	•	(Column 1)		(Colur	nn 2)	(Column 3)	L		-		•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ZQ.	Total	•	Minus	••		=	Jſ	X\$ 9=		OR	X\$18=	ï
ME	Independent		Minus	***		=	]	X40=	·		X80=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM		┚┞	7		OR		
								+135=		OR	+270=	
* If the entry in column 1 is I se than the entry in column 2, writ "0" in column 3.  ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPTION TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
444	If the "Highest Nu Th "Highest Num	mber Pr viously Pa nb r Previously Pai	aid For IN THI d For (Total o	S SPACE I	s less tha ent) is the	n 3, enter "3." highest numb			ropriat box			
-	-	-	•	•	•	-			•			

× 5